

**ITEMIZATION OF ACTUAL SUBSISTENCE EXPENSES
(WHILE OCCUPYING TEMPORARY QUARTERS)**

NAME OF EMPLOYEE

TRAVEL AUTHORITY NO.

DATE OF TRAVEL AUTHORITY

NOTE: Please attach actual lodging receipts; and receipts for laundry, cleaning, and pressing, unless a coin operated machine is used.

ITEMIZED EXPENSES

DAY	19	LODGING	MEALS	FEES AND TIPS	LAUNDRY	CLEANING AND PRESSING	DAILY TOTALS
	MONTH/DAY						
1st		\$	\$	\$	\$	\$	\$
2nd							
3rd							
4th							
5th							
6th							
7th							
8th							
9th							
10th							
11th							
12th							
13th							
14th							
15th							
16th							
17th							
18th							
19th							
20th							
21st							
22nd							
23rd							
24th							
25th							
26th							
27th							
28th							
29th							
30th							

ALLOWABLE AMOUNT	EMPLOYEE	TOTAL EXPENSES FOR 30 DAY PERIOD ►		\$
	DAYS @ \$ = \$			
	SPOUSE	TOTAL AMOUNT CLAIMED ON TRAVEL VOUCHER ►		\$
	DAYS @ \$ = \$			
	DEPENDENTS OVER 12 YEARS OF AGE	TOTAL MAXIMUM ALLOWABLE FOR 30 DAY PERIOD ►		\$
	DAYS @ \$ = \$			
	DEPENDENTS UNDER 12 YEARS OF AGE	TOTAL DAILY MAXIMUM ALLOWED FOR EMPLOYEE AND FAMILY ►		\$
	DAYS @ \$ = \$			